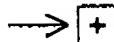


Please type a plus sign (+) in this box



PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
With Initial
Filing

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	4683 107VS
First Named Inventor	Madarasz
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Bayesian methods for flow parameter estimates in magnetic resonance imagine

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60181,823	2/11/2000	<input type="checkbox"/>

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

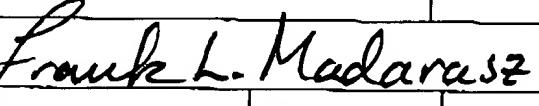
PTO/SB/01 (10-00)

Approved for use through 10/31/2002, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label		OR	<input type="checkbox"/> Correspondence address below
Name	25241				
Address	PATENT TRADEMARK OFFICE				
Address					
City	State		ZIP		
Country	Telephone			Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Frank L.		Family Name Madarasz or Surname		
Inventor's Signature 			Date 02/08/01	
Residence: City Madison	State AL	Country USA	Citizenship USA	
Mailing Address 121 Yancy Road				
Mailing Address				
City Madison	State AL	ZIP 35758	Country USA	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Ramarao		Family Name Inguvu or Surname		
Inventor's Signature			Date	
Residence: City Huntsville	State AL	Country USA	Citizenship USA	
Mailing Address 1200 Siniard Drive				
Mailing Address				
City Huntsville	State AL	ZIP 35803	Country USA	
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				

Please type a plus sign (+) inside this box →

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label		OR	<input type="checkbox"/> Correspondence address below
Name	25241				
Address	PATENT TRADEMARK OFFICE				
Address					
City	State	ZIP			
Country	Telephone	Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Frank L.		Family Name Madarasz or Surname			
Inventor's Signature		Date			
Residence: City Madison		State AL	Country USA	Citizenship USA	
Mailing Address 121 Yancy Road					
Mailing Address					
City Madison	State AL	ZIP 35758	Country USA		
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Ramara		Family Name Inguva or Surname			
Inventor's Signature	Ramara Inguva				Date 2/8/01
Residence: City Huntsville		State AL	Country USA	Citizenship USA	
Mailing Address 1200 Sinclair Drive					
Mailing Address					
City Huntsville	State AL	ZIP 35803	Country		
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

[Page 2 of 2]

DECLARATION

U.S. Patent and Trademark Office
Intellectual Property
Services

Name of Additional Joint Inventor, if any		A copy of this declaration has been filed in this document inventor			
Inventor's Signature		Family Name or Continuation			
Residence City	State	Zip	Phone	Country	Date
Mailing Address		1000 Connecticut Avenue, N.W., Washington, D.C. 20591			
Residence Address					
City	State	Zip	Phone	Country	Date
Name of Additional Joint Inventor, if any		A copy of this declaration has been filed in this document inventor			
Inventor's Signature		Family Name or Continuation			
Residence City	State	Zip	Phone	Country	Date
Mailing Address					
City	State	Zip	Phone	Country	Date
Name of Additional Continuation, if any		A copy of this declaration has been filed in this document inventor			
Inventor's Signature		Family Name or Continuation			
Residence City	State	Zip	Phone	Country	Date
Mailing Address					
City	State	Zip	Phone	Country	Date

U.S. Patent and Trademark Office
1000 Connecticut Avenue, N.W., Washington, D.C. 20591
Telephone (202) 707-3000
Fax (202) 707-8300
E-mail: PTO-Office@uspto.gov
http://www.uspto.gov

U.S. Patent and Trademark Office
1000 Connecticut Avenue, N.W., Washington, D.C. 20591
Telephone (202) 707-3000
Fax (202) 707-8300
E-mail: PTO-Office@uspto.gov
http://www.uspto.gov

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT

Application Number	TBA
Filing Date	2/9/2001
First Named Inventor	Madarasz
Group Art Unit	
Examiner Name	
Attorney Docket Number	4683 107 US

I hereby appoint:

Practitioners at Customer Number 

OR

Practitioner(s) named below:

Name	Registration Number	U.S. PATENT & TRADEMARK OFFICE

Place customer
Number here
Label here

25241

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Firm or
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

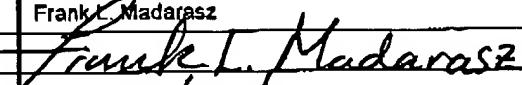
I am the:

Applicant.

Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Frank L. MadaraszSignature Date 02/08/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below.

*Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) in the box →

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	TBA
Filing Date	2/9/2001
First Named Inventor	Madarasz
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

Practitioners at Customer Number

OR

Practitioner(s) named below:

Name	Registration Number	TRADEMARK OFFICE

Place Customer
Number here
Label here

25741

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Firm or
Individual Name

Address			
Address			
City	State	ZIP	
Country			
Telephone	Fax		

I am the:

Applicant.

Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Ramero Inguva
Signature	<i>Ramero Inguva</i>
Date	2/8/2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below.

Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	TBA
Filing Date	10/20/01
First Named Inventor	Madarasz
Inventor's Name	
Examiner Name	
AMERICAN DOCKET NO. 464	

SEARCHED

SEARCHED AND SERIALIZED

O/S

APR 10 2002

USPTO

PATENT, TRADEMARK OFFICE

25241

The undersigned attorney or agent(s) to prosecute the application identified above, and to represent an assignee in the Patent and Trademark Office connected therewith.

Please change the communication address for the above identified application to:

James K. Wyle, Esq.
Wyle Law Office, P.C.

Individual Name

Address

City

State

Zip

Date

2001

Form 18a.

Att. Agent

Employee of record of the above named. (See 37 CFR 1.71)

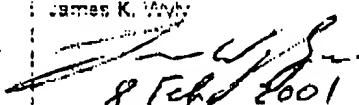
Certificate under 37 CFR 1.71. Enclosed. (See PTO/2B/RF)

SIGNATURE OF APPLICANT OR ASSIGNEE OF RECORD

Name: James K. Wyle

Signature

Date



STATE: SIGNATURES OF ALL THE INVENTOR(S) OR ASSIGNEE(S) OR OTHERS IDENTIFIED IN THIS FORM ARE REQUIRED.
Submit multiple forms if there is an attorney and inventor. 3 required signatures.

3 copies of 3 forms are submitted

ATTORNEY'S STATEMENT: I, the undersigned attorney or agent, declare that I am the attorney or agent of record for the individual listed. All comments on the status of this application should be directed to the Office of the Commissioner of Patents and Trademarks, Washington, DC 20231. DO NOT SEND FAXES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

09281035-020901